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CONFIRMATION NO. 8927

SERIAL NUMBER 10/020,809	FILING DATE 12/12/2001 RULE	CLASS 709	GROUP ART UNIT 2144	ATTORNEY DOCKET NO. 1662-39800 (P01-3793)
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APPLICANTS

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** CONTINUING DATA *****
 NONE ^{tp} NONE MDT

** FOREIGN APPLICATIONS *****
 NONE ^{tp} NONE MDT

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
 ** 01/23/2002

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's signature ^{tp} Initials	STATE OR COUNTRY TX	SHEETS DRAWING 3	TOTAL CLAIMS 22	INDEPENDENT CLAIMS 4
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 23505
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TITLE
 Independent server diagnostic port

FILING FEE RECEIVED 990	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input checked="" type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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